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LEADING ARTICLES

INTESTINAL OBSTRUCTION FROM APPENDICEAL ADHESIONS.*

C. R. DUDLEY, M. D.

ST. LOUIS.

Intestinal obstruction caused by the adhesions resulting from appendiceal inflammation is one of the most important complications of that disease and one having the most serious consequences. The occurrence of this condition is more frequent than the number of cases reported in the literature would lead one to believe, and von Haeckel (of Stettin) is the authority for the statement that bowel occlusion is frequently met with after attacks of appendicitis.[1]

It is somewhat strange that the Germans have been slow to recognize this form of intestinal obstruction, and though frequently commented upon by surgeons in other countries, it has until recently received but little attention from them. Even as late as 1905, Prof. Heinrich Braun,[2] in a long article on the causes of complete and incomplete occlusion of the colon fails to mention it. On the other hand, the English, French and American writers have often called attention to it, as are found in the reports of Hawkins, Marion, Broca, Cestan, McBurney and others.

*Read in the Surgical Section of the Missouri State Medical Association at the Hannibal meeting, May, 1910.

In all stages of appendicitis it is possible for an intestinal obstruction to develop.

1. In acute cases it will occur through diminution of peristalsis from inflammation or congestion of a portion of the bowel. This rapidly returns to normal after operation and the removal of the causative condition.

2. Where an increasing abscess presses the walls of the bowel together.

3. Parts of the bowel that form part of the wall of the abscess adhere together and become sharply kinked or are pressed against a hard substance, as the bony wall of the pelvis.

4. After the healing of the appendiceal inflammation and also in the interval between attacks, the contracting adhesions, bands, etc., lead to kinking, strangulation, or volvulus. In this stage after subsidence of inflammation and in the interval, after the cessation of the primary attack, the adhesions, bands, and the agglutination of a number of the intestinal coils to each other or to the appendix, may for a long time lead to ileus. The manner in which intestinal occlusion occurs may vary greatly. It may be a sharp bending of an adherent loop of bowel by the remains of the inflammation, or it may result from large convolutions of the bowels becoming adherent to each other. In other cases it occurs as a genuine strangulation resulting from the attachment of the appendix around a loop of bowel and strangulating it.

Because of its length and its extreme mobility, the free extremity of the appendix is likely to be found in close apposition with or attached to any of the organs of the abdomen. Von Bergman[3] of Riga, reports a case that had suffered for eight months with pain in the epigastrium, fullness and pressure in the stomach, heart burn, loss of appetite and constipation. Pains radiated into the arms and back. The symptoms began from fifteen to thirty minutes after eating and ended frequently with severe vomiting. The vomitus was of sour taste and consisted of undigested food. No blood was present. In the last one and a half months the patient had become much emaciated and weak. A diagnosis of duodenal ulcer had been made by the attending and consulting physicians. On operation the appendix was found to be lengthened, inflamed and attached to the ascending portion of the duodenum, and this with the

horizontal part was covered with adhesions. No ulcer or scar was found in the entire course of the duodenum. The adhesions were separated and the appendix removed. A posterior gastroenterostomy after the method of von Haeckel was made. The patient continued to vomit and died three days later. On post-mortem examination no ulcer or other pathological change in the stomach or intestine was found.

Paul[4] reports operating for intestinal obstruction on a case having the symptoms of intestinal obstruction and appendicitis, and found the appendix embedded in a mass of adhesions and the ilium occluded by a band of adhesions encircling the gut four feet from the ileocecal valve. Payr[5] reports that in five cases of stenosis of the colon, in three the origin of the inflammation causing the adhesions was in the appendix.

5. There is that form of intestinal obstruction that is caused by adhesions formed as a result of an inflammation in a retrocecal or a retrocolonic lying appendix. This situation of the appendix is an abnormality and is the most frequent of the atypical or ectopic positions. It is the second in point of frequency of all the positions of the appendix. According to Howard Kelly[6] it occurs in from twenty-five to thirty per cent of all cases in the statistics of Johns Hopkins Hospital, and is usually associated with the absence of a well formed mesappendix.

In a review of 2092 autopsies made in the Anatomical Institute in Berlin, R. Liertz[7] gives the relative percentage of the retrocecal or the retrocolonic position as twenty-one per cent. This is an ectopic condition and is the natural result of an abnormal process in fetal life. During the descent of the cecum the tip of the appendix may become attached to the parietal peritoneum high up near the liver and with the further descent of the cecum downward the appendix is drawn behind that organ and into the retrocecal fossa where it remains.

The retrocecal position predisposes to disease of the appendix from compression of its bacteria-laden fecal contents and mucus by an overfilled cecum causing an anemic condition of its walls. Should this continue for only a short time there results from injury of the tissues a *locus resistentiae minoris* which furnishes a good soil for bacterial invasion. The intensity of the disease depends chiefly upon the number of previous attacks, of the character of the bowel contents, and upon the virulence of the bacteria present. In this situation of the appendix, adhesions between the cecum, appendix and abdominal wall form quickly because of their close approximation, and hence should perforation occur there is greater probability of its encapsulation. When perforation occurs it is either into the cecum or into the loose subperitoneal connective tissues. There is a well defined group of cases[8] where the appendix lies back of the cecum and the ascending colon, in which a small pus cavity forms somewhere near the tip of the appendix and continues to cause exacerbations in the symptoms from time to time. The appendix is always embedded in a mass of inflammatory tissue and plastered into the walls of the cecum so firmly that it is impossible to separate it without injury to the larger bowel. The abscess may be an old one with thickened inspissated pus or it may contain a few cubic centimeters of pure pus and sometimes a concretion is found lying outside of the appendix.

Apart from the origin of the inflammatory adhesions and indurations which cover the bowel and restrain its movability[9] it sometimes happens that the bowel is attached in toto to the parietal peritoneum, that the mesentery is shrunken, or that all things co-operate at the same time so that the bowel is fixed, compressed and constricted as a result of an appendiceal inflammation. There the adhesions and indurations will be caused by local ulcerative processes in the appendix, and it is not necessarily a supposition that it is a diseased condition of the involved bowel (colon or cecum) or its immediate vicinity if the adhesions originate from an attack of appendicitis and from these follow the resulting stenosis. An illustration of an intestinal stenosis of this character is the following case:

F. T., aged 30 years, a farmer. Had always been healthy until one and a half years ago when he began to have attacks of pain in the region of his stomach which he thought were due to indigestion. These recurred at irregular intervals and being accompanied by vomiting he was told by his physician that he had catarrh of the stomach. Later on he suffered from a more or less constant soreness and to such an extent that he was unable to ride horseback or in a jolting vehicle. This soreness was always felt in the epigastric region and at no time did he have any symptoms pointing to an appendiceal inflammation. Accompanying this condition was a gradually increasing constipation.

On Saturday, June 19th, 1909, the patient was taken with an attack of nausea, and

believing that it was the result of his costive condition, he took several cathartic pills of unknown composition but without any action of the bowels resulting. The nausea continued intermittently throughout Sunday and Monday. Between the attacks of nausea the patient felt well and was able, on Sunday, to eat a hearty dinner, which consisted in part, of radishes and lettuce. The cathartic pills were repeated and again without result. On Monday the patient was feeling better and resumed his work in the fields. In the afternoon he ate a large handful of ripe mulberries, which, without removing the stems, he swallowed after chewing but little. At midnight the patient was taken with a sharp pain in the pit of the stomach, and at 2 a.m. I was called to see him.

I found the patient complaining of nausea and of pain in the epigastrium and gave a history of absence of bowel movement for three days. On examination the abdomen was found to be moderately distended but not markedly tympanitic, and no tenderness on pressure except in the epigastric region. No tumor was palpable in any part of the abdomen. The temperature was normal and the pulse 65. With a history of chronic constipation and of having recently eaten immoderately of substances that leave a large amount of indigestible residue, and having had no action from the bowels for three days, I was of the opinion that it was a condition of fecal impaction. Repeated colonic flushings however brought away only a small quantity of bowel contents containing a few bits of the lettuce that he had eaten two days before. The high injections having quieted the pain and relieved the nausea, the patient was left after giving him a high enema of two ounces of castor oil through the colon tube. On the following morning the patient had a temperature of 101 F., and pulse of 100. The pain in the epigastrium had ceased, but there was pain and dullness in the right lumbar region where a mass could be distinctly palpated. The abdomen was more distended and tympanitic and the patient was vomiting occasionally the contents of which were chiefly bile with a slight fecal odor. No result having been obtained from the oil injection another high enema of soapsuds and water was tried without effect. The patient was then brought to hospital and operated upon without delay.

On opening the abdomen through a median incision because of the uncertainty of the exact situation of the obstruction, the small intestine was found to be much distended but in good condition, the transverse colon empty and healthy in appearance. The ascending colon was found to be covered and bound down with old inflammatory adhesions which extended from the base of the cecum to the hepatic flexure of the colon and a markedly constricted portion at about the junction of the cecum with the ascending colon. The cecum was likewise bound down and filled with bowel contents. The appendix was not readily found. After considerable effort the adhesions were separated, and in doing so an abscess cavity was opened up in the retrocecal fossa that contained an ounce and a half of foul smelling pus, two fecal concretions of about one-half inch in diameter and the remains of the appendix. The latter was lying behind the cecum and the ascending colon and extended upward toward the liver for a distance of about five inches. A part of the wall of the appendix at about two inches from its cecal origin had sloughed into the abscess cavity of which the appendix formed a part of the outer wall. After wiping out the abscess cavity the appendix was freed from its attachments, ligated and removed, and the remaining adhesions of the colon and cecum were broken up. These being apparently in good condition an extensive gauze drain was inserted and the abdomen closed.

Following the operation a large amount of gas was passed per rectum, and on the following day after an enema a copious stool containing a quantity of undigested lettuce and mulberries. On removing the gauze drain on the fourth day the existence of a fecal fistula was made manifest by the presence of bowel contents in the wound. The convalescence was otherwise uneventful. The abdominal wound healed quickly with the exception of a small fistulous tract that persisted for several weeks before it closed. The patient has resumed his avocation as a farmer, his bowels are moving regularly and he is now enjoying better health than at any previous time in his life.

As to the location of the incision one must be guided by the symptoms and the condition of the individual case, and when these are indefinite one should open in the midline. Professor von Haeckel[10] of Stettin, says that in case of intestinal obstruction without a clear history of appendicitis, the abdomen should be opened in the median line and search made for the place of the obstruction. If the obstruction is caused by adhesions not associated with abscess they are to be freed in the usual

way. If the abscess is in the appendiceal region a special incision should be made over the cecal region for the better emptying of the contents and drainage.

In this case their was no history of attacks of appendicitis and there were no symptoms pointing to an appendiceal involvement, in fact there was nothing to indicate the character of the obstructive lesion previous to the opening of the abdomen. A counter opening for drainage was not thought to be necessary. After the abdomen was opened search was made for the appendix, but it was not found until it was uncovered lying behind the cecum and colon after breaking up the adhesions that entirely concealed it. Under such conditions it is often difficult to locate.

B. Merrill Ricketts[11] reports the case of a patient who after three attacks of appendicitis had been operated upon by another surgeon and the abdomen closed with the statement that the appendix could not be found. Ricketts diagnosed a concealed appendix and operated. A small but long appendix was found, after much difficulty, to be lying subperitoneal on the posterior surface of the cecum.

The two enteroliths that were found in the abscess cavity were smooth oval, of moderate hardness and consisted of inspissated fecal matter. They were first thought to be gall stones that had escaped from the gall bladder by ulceration, but the gall bladder was examined and found to be healthy and to contain no stones. Fecal concretions in the appendix serve to incite the secretion of mucus with its salts in excess[12] and their presence and their attrition are important factors in causing ulceration and in provoking an attack of appendicitis which frequently ends in perforation or gangrene.

One of the unpleasant features of this class of cases is the fecal fistula that so frequently complicates the convalescence. Fortunately they heal kindly and are of short duration. According to Kelly[13] a fecal fistula is one of the commonest sequelae to an operation for appendicitis, especially when the disease has advanced to suppuration and abscess. A fistula is particularly apt to follow one of those old inflamed appendices found lying behind and outside the cecum and so densely adherent that any attempt to dig the organ out of its bed is almost certain to be accompanied by a rupture of the outer coats of the bowel; such an occurrence, possibly not recognized at the time, may be followed by the sloughing of the remaining thin septum and the escape of the contents of the bowel.

In my case the presence of the fistula was not manifest until after the removal of the gauze drainage on the fourth day. It is possible that in the removal of the gauze some traumatism may have occurred to the ulcerated and thin walled colon, but the fistula rapidly closed and in a few days had almost ceased, only a small opening, from which escaped a small quantity of thin fluid, persisted for about three weeks and then closed quickly after discharging a short bit of silk ligature that had been used in ligating the denser adhesions, and which doubtless helped to keep open the fistulous track.

REFERENCES.

1. H. von Haeckel. Deutsche Zeitschrift fuer Chirurgie, 1907, Bd. LXXXVIII, S. 170.
2. Heinrich Braun. Ueber den Lage und Gestaltsveraenderungen des Colon bedingten vollkommenen und unvollkommenen Darmverschluss. Deutsche Zeitschrift fuer Chirurgie, 1905, Bd. LXXXVI, S. 540.
3. von Bergman. Darmstenosen als Spaetwirkung der Appendicitis. Deutsche Medicinische Wochenschrift, 1906, Bd. XXXII, S. 2026.
4. Paul. Medical Record, October 27th, 1900.
5. Payr. Ueber eine Eigenthumliche Form chronischer Dickdarmstenose an der Flexura coli sinistra. Langenbecks Archiv. Bd. 77, S. 671.
6. Howard Kelly. The Vermiform Appendix, 1905.
7. R. Liertz. Archiv. fuer klinische Chirurgie, Bd. LXXXIX, S. 55.
8. Howard Kelly Loc. cit.
9. Sprengel. Die Erkrankungen des Wurmfortsatzes. Deutsche Chirurgie.
10. von Haeckel. Deutsche Zeitschrift fuer Chirurgie, 1907, LXXXVIII, S. 170.
11. B. Merrill Ricketts. Lancet-Clinic, May 25, 1907.
12. Kelly. Loc. cit.
13. Kelly. Loc. cit.

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Meeting of Licensing and Examining Boards.—At the annual meeting of the National Federation of State Medical examining and Licening Boards, held in St. Louis, June 6, Joseph C. Guensay, Chicago, was elected president; Drs. James A. Egan, Springfield, Ill., and Charles A. Tuttle, New Haven, Conn., vice-presidents; Dr. George H. Maston, Columbus, O., assistant treasurer; Dr. Darlington J. Snyder, Columbus, O., assistant secretary-treasurer; Drs. Albert H. Hamel, St. Louis, Mo., Nathaniel R. Coleman, Columbus, O., Edwin B. Harvey, Boston, James A. Duncan, Toledo, and Daniel P. Maddux, Chester, Pa., members of the executive council, and Drs. W. Fred Singer, Pubelo, Colo, and Fred C. Zapffe, Chicago, members of the newly organized examining committee.

SOME PROBLEMS OF THE TWENTIETH CENTURY PHYSICIAN.*

J. T. WOODWARD, M. D.

ELKHART, ILL.

In contemplating some of the problems of the twentieth century physician we find ourselves affiliated with a fairly well organized and united profession, backed up by the leading forces of the laity as never before.

We are dropping or combining our "isms," "ologies" or "pathies" as the case may be, and on all sides we see awakened activities. We have apparently ceased our wanderings in the desert, and from the mountain top stand viewing the promised land; much which was confusing in the past has been revealed to us and our pathway is illumined for the future.

Not so long ago we were in ignorance even of the circulation of the blood; today the human body has been so thoroughly exploited, both anatomically and physiologically that it is doubtful if there are many startling discoveries in this direction yet to be made.

Means and modes of cure of human ills have kept well up with progress in other lines of endeavor, until we can feel that the problems of simple medicine and surgery are well in hand.

I shall not attempt to predict a great deal as to the future of surgery, but there remains undoubtedly a great deal of regional surgery to be explored and exploited. To read the public prints one would form the idea that soon a patient would seek the surgeon to have his vitals repaired, renewed or replaced, much as the farmer goes to the mechanic or blacksmith shop to have his farm machinery overhauled, but I am of the opinion that in the future as in the past, parts badly worn or damaged, will continue to be difficult to reassemble and repair if badly mutilated and scattered.

As medical men I believe our greatest possibilities are as educators and developers. The mind of man will develop far beyond our present day conceptions. I believe we are endowed with latent powers and undeveloped senses.

We cannot all harness the lightning, or invent or construct flying machines, but we can pretty generally all ride at the other fellow's expense when opportunity offers. Man is an imitative being.

We must look well to the future's alluring possibilities. We are already proud of the fact of a recognized increase of average longevity of human beings to the extent of a number of years.

As we have discovered new enemies, we have invented new weapons until for nearly every lurking microbe we have an antitoxin.

In our art we must be broad enough to include the whole field, and we must go loaded for butterflies as well as bears. I have seen a smile conquer where a club would be ineffective. We do not hunt the yellow fever mosquito with a shot gun, nor fish for whales with fly-hooks. Adaptibility of means to circumstances will always be our keynote.

Specialization will become more general. We are a great army fighting the foes of humanity. Some must be generals in command, and we must be organized down to the foot sore and weary infantry. The microscopist, the chemist and pathologist will spy out and locate the enemy, then the company, regiment or whole command will reconnoitre, skirmish or charge on the double quick as the case may demand. The sharpshooter and bushwhackers and various forms of guerrilla warfare as represented by medical charlatans will perhaps continue to be a sort of camp following until our ethics are improved and medical laws strengthened.

Some present day problems I should mention are tuberculosis, cancer, imbecility, insanity, venereal disease, drug addictions, infantile deformities as well as occupation neuroses and all hark back to economic, social and sanitary conditions.

The garden of Eden may be a myth, but we are sure of our Adam and Eve, for we are their children and direct heirs. We may not change the edict, "In the sweat of the brow shall man eat bread and in pain and suffering shall women bring forth their young," but we can modify and in a sociological way increase compensatory results.

Accidents can be guarded against, the conditions under which we sweat may be improved.

Stifle ambition and reduce refinement and you augment the rude and merely physical. This is the age of the man with the dollar, but the physician today is doing more in the aid of philanthropy than all others.

The aim of the present day physician is to prevent as well as cure diseases.

All things above us are ours, but we could not look straight up if we would try.

But as our duties call us more along horizontal than perpendicular lines, let us look in the direction of duty, straight ahead.

*Read before the Brainard District Medical Society at Lincoln, Ill., April 28, 1910.

We see charity on all sides but largely misdirected charity and misdirected philanthropy. We need charity without humiliation and philanthropy without degradation.

Damn the person who will squeeze money from one set of people to see them squirm, and toss it to another to see them grovel. I believe heavy endowments for whatever purpose in medicine, destroys individual effort. Jenner, Harvey, Koch, Lister, etc., lived and achieved independent of the help or hindrance of a Rockefeller or a Carnegie.

We have perhaps all read in late years such bosh as the creation of life by scientific methods, but I think you will agree with me that we need hardly look for the creator of a universe from such effort. We perhaps will always have our Ponce de Leons, be they looking for new heads of hair and new stomachs, or the fountain of perpetual youth.

Wealth more properly distributed would give the masses an opportunity for decent existence and limit the probability of brain storm and nerves.

The grub worm, food proposition, is of vastly greater importance than the hook worm.

While we are hearing so much of conservation of National resources, let us pay more attention to our natural resorces, our men and women. Let us physicians so treat and teach them that human health and energy may be able to withstand this twentieth century strenuosity.

The hours of labor, as well as the conditions under which the people labor must be regulated. Recreation is as essential as food, sleep, sunlight or fresh air.

We are joined in the healing art in a more or less harmonious whole with the chemist, pharmacist, nurse and masseur. Many things of late in matters of professional relations have satisfactorily adjusted themselves to the mutual good of all concerned. We are neither priest nor preacher, but render due respect to the views and tenets of all faiths. The one thing which seems to me more out of harmony with the healing art than a skunk would be at a tea party, is this "God is love," "there is not pain," Christian Science tommyrot.

True we have always recognized the various forms of mental aberration, but until lately not in such numbers but that the victims could be corralled in our asylums and sanataria and placed under proper restraints. It has been my painful lot, as it perhaps has been yours, to be switched in on some death bed scene in order to evade the law and the coroner, and witness the silly scene headed by a fanatic and soon to be closed by the undertaker.

As I stated earlier, specialization will become more general and we already see in our medical college curricula and among recent graduates, a tendency to prepare for special lines of work, especially as effects our institutional and charity work. The states in general are awakening to the necessity of such a move. Our society organization all tend to the national in extent and it is now, I believe, a foregone conclusion among the intelligent classes that we shall soon by national legislation have a public health bureau, dignified by a cabinet officer head.

The twentieth century is yet young; ninety years more of such unusual times and opportunities will present many things upon which we may well ponder. There is still something beyond the X-ray and the spectroscope. Radium still has us baffled.

Surgery is meddlesome therapy in the vast majority of cases of acute hemorrhage from gastric ulcer.—Amer. Jour. of Surg.

Atropine in the Treatment of Tetanus.—The Lancet for May 21, 1910, gives an account of two cases of tetanus reported by Dr. R. F. Secoresto of Barbados in which atropine was employed in the treatment. In the first case one-eighth of a grain of morphine combined with 1-300 grain of atropine was given by the mouth every two hours for three doses and then every four hours. From the first dose the spasms markedly decreased in frequency and severity, and the patient was able to obtain good rest at night. In about four weeks the patient was up and about the house. In addition, small doses of calomel and sodium sulphate were given to keep the bowels open, and the wound was dressed with hot turpentine. The second case was a colored boy, three years old, whom Dr. Secoresto saw by accident, when a well marked trismus was noticed, but no wound could be found. He had stiffness of the muscles of the body. He was treated similarly, but with smaller doses, and by the beginning of the fourth week all symptoms had disappeared. Dr. Secoresto has seen many cases of tetanus, and was surprised at the effect of the treatment. He mentions as confirmatory of the use of atropine in tetanus that the Government veterinary surgeon told him that he employed large doses of belladonna with small doses of morphine in treatment of tetanus in animals, and that a fatal result rarely occurred.

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EDITORIAL

Is It Atavism?

When our city hospitals were reorganized and placed under a Board and commissioner we expressed our pleasure in the change, and in speaking of the commissioner we expressed ourselves as believing that he would be equal to every emergency. The first emergency seems to have come through his unwillingness to have representatives of the lay press wander at will through the hospitals making stories out of the misfortune of those who are so unfortunate as to be there. The St. Louis profession, or the better element of it, has long deplored the exploitation of the ills of the dependents of the community for the delectation of those who must have sensations and a touch of the gruesome. Why the public press and its readers can revel in the woes of others when they would, as individuals, resent such intrusions into that which in all propriety should be the most sacredly protected of personal affairs is past finding out. We have to see so much of pain and poverty, so much of the weakness of mankind and so much of the distress consequent to our social system that we, as physicians, wonder why any of these beome a delicate morsel to be rolled under the tongue, slowly masticated and passed on to digestion leaving a story of gustatory delight to be oft repeated.

In so far as this hospital commotion goes the lay press seems to be filled with misinformation, contrary to their reports the board is standing by Commissioner Morfit in his effort to make our hospitals equal to the best in every respect; in the matter of reporters and newspaper notoriety for these institutions these gentlemen are now carrying out what the profession has long desired, and desired because it is composed of men and women who know that patients should be protected, rich or poor, man or woman, white or black. The lay press also is trying to make it appear that the exclusion of reporters except on the expressed request of a patient is a result of Commissioner Morfit's determination to hinder the public learning of professional inefficiency and managerial mismanagement. Thank God, Commissioner Morfit has broad shoulders and is somewhat of a fighter! No matter how much distortion and misrepresentation of motives there may be the motives of the board and its commissioner are clean and true; they would give the poor as able medical service as that which the rich can command and would protect them from distress and annoyance as the rich are protected in private institutions. It is true that these days of reorganization are naturally not the ones to judge the efficiency of any institution of its staff by, but in spite of the disorder which is bound to be a feature of such a change we have absolute confidence that our hospitals are in a position to answer any legitimate question and to show reason to any authorized inquirer. The lay press has run at random over these institutions until reporters seem to think that any patient coming there is its legitimate prey, no matter how seriously he may be indisposed or how much it may jeapordize his chances for recovery if he is disturbed by an interview. The reporters should have been excluded under just such a ruling as Commissioner Morfit has laid down years ago. If a patient wants to see a reporter it is then time enough to invite him in.

But why do the readers of the papers want to read about these unfortunate ones? Is it a natural taste? Or is it, as has been said of the theater, a taste which has been forced upon them by the purveyors? Or is it a harking back to the time before history when life was a physical warfare throughout and bloodshed was a kingly amusement. Whatever the explanation, it is an evil and must be stamped out. The hospitals have nothing to conceal except what every unfortunate who comes there brings and has a right to be protected in; the hospitals are no news manufactories, they are theaters in which the game of life and death is played with all the vital seriousness that it is played in the most palatial of West End homes, where fidelity and infidelity are exposed as they are in West End homes, where frailty is evident as in West End homes, but with this difference heretofore; the doctors see what is doing among the elect, there is no intrusion of reporters there.

The National Department of Health.

There has been so much frantic argument against the establishment of a National Department of Health during recent months that it seems possible that some physicians may be deceived thereby and lend their aid in defeating that which the profession should be a unit in demanding. Nothing except the establishment of such a department will systematize the work along these lines in the different states and put it all on a uniform basis. These are progressive days and the Nation has assumed a position among the nations which makes it imperative that there be some supreme authority in health matters, this is evidently quite as important as it is in the case of those lines which are now represented in the Cabinet. Arguments against the establishment of such a department are singularly weak. No one thinks of incorporating in the act which would establish such a department any limiting clause as just who the President shall appoint to fill the chair and there is every possibility that an Eclectic or a Homeopathic or even a Christian Scientist might some time fill it, though in such a contingency we cannot believe that they would long hold to the tenets of their cult if in office, the regular medical profession is willing to take the chance anyway. Nor is it contemplated that the American Medical Association or any other one organization shall dictate to the department, on the contrary the department would be, if established, the one power which could dictate to the association should occasion arise.

It is interesting to follow the views of the lay press as expressed on this subject, except where there is an explainable reason for the contrary the press seems uniform in favor of the new department. The editor of the Outlook, in his issue of the 2d, gives concisely what appears to be the general opinion of thinking men outside our profession, opinions which should have great weight with those who will finally determine whether or not the department shall become a fact. The Outlook says:

"In the pressure of so many important measures before Congress, no adequate consideration was given to the proposal to bring about what President Taft last year said would be 'the economy of the union of all health agencies of the National Government in one bureau or department.' It may be added that there would not only be economy of money and effort, but economy of life, in such a union. Senator Owen's bill proposed a separate Department of Health, but this is not the essential thing. What is needed, whether through bureau or department, is, first, the consolidation of existing bureaus relating to health now working under separate departments, and, second, a sensible extension of the health work of the United States Government, which now looks more closely after the lives of hogs than of men. The movement has been opposed by some rather mysterious agencies which have spent large sums in advertisements and circulars, all of which convey the totally wrong impression that the legislation asked would control the practice of medicine or restrict medical freedom. Every citizen ought to know that the Federal Government has no power to do this. The flaunting headline 'Do You Want the Doctors' Trust to be Able to Force its Opinions on You?' is a patent absurdity. What is proposed is to unite all National efforts for the purpose of fighting diseases by preventing the pollution of inter-State streams (thereby reducing death by typhoid), by preventing the adulteration of foods, by preventing the importation of bubonic plague and yellow fever, by studying the causes of disease, by favoring uniform legislation as to sanitation and local health laws, by investigating health conditions, and by disseminating information. Senator Owen has characterized the opposition by saying: 'It is obviously artificial; it is perfectly apparent that somebody is spending a very large amount of money on this sudden propanganda; it can hardly be doubted that somebody, in gross error, is advising the homeopaths, the osteopaths, the eclectics, that their right to practice medicine is about to be invaded by the Federal Government.' Professor Irving Fisher in a recent article points out that in the past cities have concealed the existence of yellow fever and bubonic plague through commercial fears, and that the same opposition is made as regards the fight against the hook-worm disease in the South today. When President Taft, in a speech at Chicago, spoke of health-conservation, the applause and interest were such as to excite his surprise. It is merely a truism to say that there is an immense and perfectly proper field for the Nation to occupy in health-conservation. The matter will surely come before Congress again, and when the people fully understand it they will insist on legislation in some form for united and systematic effort."

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THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Education in Sexual Physiology and Hygiene. A Physician's Message. By Philip Zenner, Professor of Neurology in the Medical Department of the University of Cincinnati. 16mo., pages 128. Cincinnati: The Robert Clarke Company, Publishers. (Net $1.00; carriage extra.)

This book gives some talks by the author to school children and college boys, and, also, discusses the best modes of instruction in matters of sex.

The first article deals with an actual experiment in moral instruction in school. This came about through a teacher making an application to the superintendent that a physician gave such instruction to her girls, whom she believed to be in imminent danger. A lady physician, Dr. Crotty, gave some talks to the girls, and the author gave some talks partly to the girls and boys and partly to the boys alone. The result was a great moral uplift, a decided improvement of the moral tone of both boys and girls.

The next chapter in the book contains talks to college boys. These speak of many things which the young man as well as people in general should know—elementary facts in sexual hygiene, the imminence and harmfulness of bad habits, the danger of the quack, especially with reference to sex matters, and the like. The talks impart sufficient knowledge of social diseases to give a clear insight into their ill-effects on the patient, his family and offspring, and to act as a deterrent. Withal there is instilled the truth of the wholesomeness and safety of continent living.

The author next deals with the best modes of imparting sex knowledge to children. Knowledge should be given when the child begins to crave it, but only so far as it can be fully understood. If this is done in the way of biological training it should create no sensuous thought and do no harm. The whole purpose of this course of education is to forestall false and perverted knowledge coming from improper sources and to create a pure mind.

As the author lays such great stress upon the teaching doing only good and no harm upon its leading to a pure mind and giving that knowledge which will help the individual to safeguard his future life, he insists that those who give such instruction, parents, teachers, physicians—should be thoroughly qualified for it. In the case of teachers and physicians this usually calls for special training.

The book imparts high ideals throughout, but it is essentially a physician's message, the influence upon health being made paramount. The aim of this book is to impress upon parents and teachers the importance of sex instruction and to assist them in imparting it. But it aims even more to create a public sentiment demanding such teaching, but demanding also, that the teaching and the teacher be the best.

Manual of Emergency Surgery. By Jno. W. Sluss, A. M., M. D. Second edition, revised. With 600 illustrations. 12mo., 745 pages. Full limp leather, gilt edges, round corners. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. ($3.50 net.)

We can easily understand the speedy exhaustion of the first edition of this exceedingly practical volume; in the college days, when Hughes' Compend of Practice stood alone, as the representative of text much fuller and better presented than the Quiz Compends, yet shorn of everything superfluous, we longed for its fellows. Students and practitioners of today have a considerable series to draw on and each subject seems to have been handled in the same able way which has continuously characterized Hughes. It is our privilege to have a considerable medical library and in it there is no one volume to which we can refer for information on emergency surgery with greater certainty of finding just what we want than to Sluss. The book seems to contain everything. It presents the matter in so definite a form that it is at once grasped and becomes immediately available for use. It is to be hoped that these texts are taking the place of the quiz compends with students, and it goes without saying that we believe practitioners can make no mistake in investing in the whole series.

Treasures of Truth. By Dr. Geo. F. Butler. Ravenswood, Chicago: The Backbone Publishing Co. (Price, art-board covers, 75 cents; de luxe in limp leather, $1.00.)

By some oversight we have failed to promptly review this delightful book. And perhaps some one has been kept from it by our delay, it is a misfortune. Our good friend Dr. Butler is eminent among the apostles of cheerfulness, and his halo has never shone more brilliantly than it does through the pages of this volume. It makes one absolutely know that there is no room in this world for anything but friendliness, good will, good cheer and courage. We feel, with the publishers, that "after reading it yourself you are certain to recommend it to your relatives and friends." His philosophy as presented in this volume is divided in the following generous and pala-

table doses; there are chapters on "How to Live," "Some Thoughts on Work," "The Successful Life," "Worry and Trouble and How to Overcome Them." This little volume is beautifully gotten up and is suited for gift purposes; but, doctor, you should read it yourself.

Progressive Medicine. Vol. XII., No. 1, March 1, 1910. Philadelphia and New York: Lea & Febiger. (Paper, $6.00 yearly.)

This, the initial number of Progressive Medicine for 1910, is splendidly filled with valuable matter; the editors of the different sections have each presented his phase of medical progress in a manner complete and satisfying. We presume that there are few of our readers who are not well acquainted with Progressive Medicine; for the benefit to the few who may not be as yet we will say that it is a quarterly edited by the foremost of American specialists, each of whom collects from all reliable sources and presents in condensed form all real advances which occur, along with confirmatory experience with procedures which have not become fully established. In this number are to be found sections on Surgery of the Head, Neck and Thorax, by Frazier; Infectious Diseases, by Ruhrah; Diseases of Children by Crandall; Rhinology and Laryngology, by Kyle; and Otology, by Duel. The matter presented represents a resume of all that is worth while in American and European medical literature since their last report on these subjects. From such an array of valuable matter it is impossible to pick out features. The Progressive Medicine series should be a feature of every medical library.

The Sexual Life of Woman. By E. Heinrich Kisch, M. D., Professor of the German Medical Faculty of the University of Prague, etc. Translated into the English Language from the German by M. Eden Paul, M. D. Illustrated. New York: Rebman Co. (Price, $5.00 net.)

The author of this most excellent book has done the profession a distinct favor in its preparation, it is a book of the type which is to characterize medicine from this on, it shows in its every page the tremendous preliminary work which must have been done before any effort was made toward its very pleasing presentation. The author divides his subject in three sexual epochs: (1) the Menarche or from the beginning of the menstrual life to (2) the Menacme or acme of sexual activity, and finally (3) the menopause. He considers the sexual life of woman both in relation to the female genital organs, and in relation to the feminine organism as a whole; in relation both to the physical and the mental development of the individual; and in relation alike to the state of health and to the processes of disease. Thus from the standpoint of clinical investigation and of practical experience, the book will be a contribution towards the solution of the sexual problem, nowadays recognized as one of supreme importance. In separate chapters a description is given of sexual processes, which are of so great importance to the physical, mental, and social well-being of women. Such topics are the sexual impulse, copulation, fertility, sterility, the employment of means for the prevention of conception, the determination of sex, and sexual hygiene.

Pile Ointment.—

Salolis .....
Antipyrini .....aa grn. xxx
Ext. belladonnae .....grn. iss
Petrolati 3iv
Cerae flavae .....q. s.

Sig.: A piece the size of a nut to be introduced three times daily.

For external piles:

Chrysarobini .....grn. xxiv
Iodoformi .....grn. ix
Ext. belladonnae .....grn. xviii
Petrolati 3xii

Before applying wash the parts with a 2 per cent carbolic acid solution.—Med. Council.

Barber's Itch Ointment.—The following is said to be effective:

℞ Creolin-Pearson f3j
Hydrargyri oleatis .....
Zinci oxidi .....aa 3iv
Acidi salicylici 3j
Petrolati 3iss

—Pacific Pharamcist.

Sedative Enema and Suppository for Pelvic Pain.—If the pain is very acute, we may use in addition sedatives, enemas and suppositories. A sedative enema may be prescribed as follows:

℞ Laudanum .....15 drops
Antipyrine .....1 gram
The yolk of one egg .....
Water .....150 grams

Before giving this enema, care must be taken to give a cleansing enema with salt water. Some patients do not like enemas, and, moreover, the sedative enema is not always retained. Suppositories may then be used as follows:

℞ Extract of belladonna .....1 grain
Cocaine hydrochl .....4 grains
Cocoa butter .....75 grains

Make one suppository. Two of these to be used daily.—Dupont, La Tribune Medicale.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

SURGERY.

C. W. HEPBURN, M. D.

Retroperitoneal Enlargements.— W. H. Allport, Chicago (Jour. A.M.A., June 18), discusses the diagnosis of retroperitoneal growths, giving illustrative cases of how it may be embarrassed and limited. Educated methodic diagnosis is essential, the genius for surgical diagnosis consists almost always in systematized knowledge. The surgeon should take no man's word, but to do his own guessing and do it scientificially, recollecting always that his insight, like all applied knowledge, has its limitations, and acknowlege them in time instead of having them demonstrated later on. Abdominal regions, as usually demarcated, are for the student of anatomy; the surgeon and pathologist are concerned with boundaries. Displaced organs still move most readily towards their normal position and the growth of the abnormally enlarging organs is apt to occur within the normal zone and fascial plane, usually along, rather than across, the normal cleavage planes. To the surgical pathologist the profitable anatomic study is that concerning the distribution of fascias. Neoplasms are usually closely associated with organs; the irregular and atypical enlargements which follow fascias are apt to be either secondary deposits or chronic suppurations, more likely the latter. When in doubt, one should never forget that arch deceiver, the cold abscess. Chronic suppuration is rarely recognized by the direct method; diagnosis by exclusion is the rule. Attention is especially called to the history sheet, the temperature chart, the blood count and the urinalysis reports as aid for diagnosis. Inflation of the colon by Ziemssen's method often enables one to assist diagnosis by crowding the tumor into one of the other space in front of or behind the posterior layer of the peritoneum. If the growth is thus found to be retroperitoneal, the kidney should be studied again by palpation, urine analysis, the X-ray; and, finally, by metallic ureteral catheterism combined with skiagraphy. A number of instructive cases illustrating these puzzling points for diagnosis are given in brief detail, and, in conclusion, Allport emphasizes the puzzling clinical problem afforded by hysteria and functional pain. He says that it is a grave question whether pain which the surgeon believes to be genuine, but which exists alone without other symptoms, justifies him in cutting into the peritoneum or retroperitoneal space. His own observation of such cases has not been favorable to operation. The neglect recognize and properly appraise hysteria is as frequently the cause of failure of diagnosis as is the failure to identify the cold abscess.

A Surgical Accident Necessitating Intestinal Resection.—Dr. Eugene H. Eising, who reports this case in Medical Record for March 5, 1910, was called over the phone by Dr. X to see a patient whom he had just curetted. The latter said, in great alarm, that just as he had considered the curettage completed he found that his instrument had passed upward indefinitely, meeting no resistance, and that upon withdrawing it, to his dismay, found that with it he brought down a considerable length of intestine. This he had replaced within the abdomen, as best he could, and hastened to the phone. On the strength of this history he was told to place the patient in a hospital and there, within four hours after the accident, Dr. Eising examined her. Her condition appeared to be good. Pulse slow and regular; respiration and temperature normal. There was slight bleeding from cervix. No abdominal tenderness, except what might be expected after a curettage. In other words, the indication for an exploratory incision was to be found in the statements of the doctor and not in the patient's condition. Realizing the importance of the next few hours and the gravity entailed in awaiting the advent of indicative symptoms Dr. Eising decided to explore at once. Upon opening the abdominal cavity the condition soon revealed itself. The uterus was slightly enlarged and the fundus showed a small laceration about 1¼ inches in length. This was hastily closed and bleeding checked. Concealed by loops of normal intestine a mass of gray collapsed small intestine was discovered in the cul-de-sac of Douglas to the left side. This piece of intestine had been torn entirely free from its mesenteric moorings. It was two feet in length, empty and collapsed, and of a color he had never seen before assumed by intestine, and evidently due to ischemia. There was neither fluid nor feces in the peritoneal cavity excepting for a certain amount of blood. The intestine was ileum, its distal end being 2½ feet from the ileocecal junction. His first thought was to implant the ends of the intestine in the wound, making an artificial anus, but the high site of such a resulting fistula determined him to do an anastomosis. This latter procedure was quickly done with the aid of the Murphy

button and the wound was closed with a small drain. The patient's recovery was uneventful, the button was passed on the ninth day.

Carcinoma of the Rectum — A Plea for More Thorough Examination of the Lower Bowel by the General Practitioner.—In Northwest Medicine for March, 1910, Dr. E.K. Scott says that because of the meagre, unclassified, indefinite impractical information the average medical man receives for a working knowledge of rectal disease from most of our medical colleges, there seems some reason for loud note of warning that will cause reflection, thought and investigation to follow. According to Jesset, cancer of the rectum constitutes about 80 per cent of malignant diseases of the gastro-intestinal tract. This fact, and another that practically all such cases reach the proctologist after ulceration and extensive glandular involvement have rendered them hopeless, should induce the general practitioner to thoroughly explore the rectum and sigmoid of all cases presenting with lesions of the lower gut, in order to detect the disease in its incipiency. Especially does this apply when constipation or diarrhea is a symptom. A patient having an attack of constipation demands a rectal examination—not to look for cancer alone but to search for the local cause. An attack of diarrhea also demands the same investigation. It cannot be too forcefully urged that these two symptoms, constipation and diarrhea be investigated per rectum. They are the first signs of malignancy and are the most constant as well as the most indicative signs of early cancer. Alternating attacks of diarrhea and constipation too often are the only subjective symptoms of cancer, even when radical interference is too late. Of course, it goes without saying that such symptoms as pain, hemorrhage and discharge of any nature will demand immediate exploration of the rectum and thorough examination of the sigmoid. Not alone will these symptoms disclose malignancy, but only too frequently will they prove dysentery or diarrhea to be an ulceration, or prove catarrh of the bowel a mass of villous tumors or papillary growths. Likewise, will many other of the ordinary diseases of the rectum which affect the patient's general health be disclosed, instead of making a chemical dumping ground of the patient's stomach, a few well directed efforts locally will more than gratify and repay for all sacrifice in research.

Investigations Concerning the Technic of Lung Resection with the Application of Both Forms of Differential Pressure.—In Annals of Surgery for March, 1910, Drs. F. Sauerbruch and Samuel Robinson present an interesting paper reviewing the work done by other operaters in this field and giving the technic and the results of a series of animal experiments of their own. Twenty-eight dogs were operated and total extirpation was performed by three different methods. First, simple total extirpation through an intercostal incision with primary closure of the wound. Second, a double operation: transplantation of the entire lung upon the thorax wall with secondary amputation (proposed by Friedrich). Third, primary extirpation of the lung with simultaneous thoracoplasty (removal of several ribs). These experiments have practical bearing in the surgery of the human. They demonstrate that the removal of one lung, or a large portion of the same, can only be accomplished successfully when the cavity persisting after the operation is diminished in size as soon as possible, in order thereby to avoid the accumulation of a transudate. This reduction in pleural capacity is best accomplished by the crowding in of the neighboring organs. The authors demonstrate under what conditions this displacement of organs is possible. The difference which has been emphasized between the positive and negative pressure methods deserves practical consideration. A transudate was of common occurrence in the animals operated under positive pres sure, while with negative pressure it was rarely present. An operative reduction in the capacity of the pleural space is possible through the mobilization and displacement of the chest wall. If the mediastinum become stiffened by chronic inflammation, the thoracoplasty may be an extensive one, without dangerous disturbances to the heart or remaining lung. It must be limited to the removal of a few ribs if the mediastinum is a movable one and easily displaced. Suturing the bronchus to the chest wall, which in certain conditions may be indicated, must be done in such a way that tearing of the mediastinum is avoided —that is too say, the chest wall must be approximated as nearly as possible to the mediastinum by means of the mobilization and displacement of the former.

Cancerous and Non-Cancerous Pyloric Obstruction.—Writing for physicians on this subject in Medical Record for Feb. 19,1910, Dr. Alex. Goldman dwells with emphasis on two points—early reference of cases to the surgeon and the value of one symptoms above all others in making the diagnosis.

While in all other diseases it behooves the physician to do everything before referring the patient to a surgeon, in pyloric obstruction this must not be done, and since medicine is of no help and surgery only when the disease is in its first stages, the importance of early diagnosis is apparent. There is no way of telling beforehand whether a given case of pyloric tumor will become carcinomatous, but most of them will if given time and a chance. Typical cancer symptoms are of doubtful diagnostic value. They may be present and yet no cancer exist, and the opposite may also be true—they may be absent and still the case be one of carcinoma. There is only one symptom that is of value, and the only one on which a diagnosis can be based, and when found the patient should be sent to the surgeon. That is, the obtaining of food from a fasting stomach. No other symptom is of such value; no other sypmtom or group of symptoms is so invariably present. This symptom so often means pyloric obstruction, that other rare conditions where it may be present should be neglected. The author gives the history of four selected cases which illustrate well that there are no symptoms that may be relied upon with safety and waited for to make an early diagnosis of pyloric obstruction. Also that none of the classical symptoms, such as absence of HCl or presence of organic acid or pain or any one of the symptoms long accepted, are of such value, as the one symptom that is most neglected, namely, the obtaining of food from a fasting stomach. The following seems to him the best rule in these cases, in view of an early diagnosis: Remove the contents of the fasting stomach, and, if food remains are found after one or two washings—high acid or low acid—blood or no blood—pain or no pain—a laparotomy should be performed.

City Can Bar Up-State Milk.—A suit against the New York City Board of Health to recover damages because the plaintiff's milk was rejected at the Cold Spring Creamery. which alleges that it was unfit for consumption, has been decided in favor of the New York Board of Health. The judge held that the New York City Board of Health had absolute jurisdiction without as well as within the city lines, and could impose whatever rules and regulations its officials wished, and compel their observance under penalty of prohibiting its the sale of dairy products shipped to New York for consumption as food. It is said that dairymen will appeal the suit.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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MEDICAL MISCELLANY

The Birth Rate in France.—According to the French vital statistics for 1909, a further decrease of 22,000 has occurred in the birth rate. The total births in 1908 were 792,000, while in 1909 there were only 770,000.

Dr. Schwab, of Cincinnati (known sometimes by his lesser title of Mayor Schwab) has some excellent ideas on the subject of the prevention of disease due to vice. Here is what he is reported to have remarked when the re-establishment of the Bureau of Medical Examination was mentioned to him: "It is an excellent thing to stamp out disease, and so I think it would be well to segregate certain classes, to have a medical inspection. But I would not stop with the women; I would go after the men, too."—Lancet-Clinic.

H. M. Hanna, of Cleveland, already a liberal contributor to the finances of the Western Reserve Medical School, has given the first quarter of what the trustees hope to make a million dollar endowment fund. This gift of $250,000 constitutes the largest single contribution for educational purposes made in Cleveland in more than a quarter of a century.

The Mortality Statistics in Chicago for the first five months of 1910 show an increase in death rate of 4.7 per cent over 1909. Increases in deaths were noted as follows: Measles, 5; scarlet fever, 18; pertussis, 55; diphtheria, 11; tuberculosis, 58; pneumonia, 488. Decreases in the number of deaths occurred in typhoid fever, 44; diarrheal diseases under two years of age, 2.

Dr. Cushing Accepts Position at Harvard.—Dr. Harvey Cushing, head surgeon at the Johns Hopkins Hospital at Baltimore, has accepted the office of surgeon-in-chief of the proposed Peter Bent Brigham Hospital, the new teaching hospital of Harvard University Medical School. With the appointment also of Dr. Henry A. Christian, dean of the Harvard Medical School, as physician-in-chief of the hospital, the two leading places on the staff are now filled.

The Springfield (Illinois) City Council at its meeting of May 31, put a ban on the distribution of patent medicine samples. The ordinance provides a penalty of no less than $5 or more than $25 for each offense. It is said to have been drawn by the aldermen of the Fifth Ward because a child had been made seriously ill by eating samples of medicine left in a door yard. Phrenologists, who announce themselves in Springfield, were also given consideration by the Springfield council at the same meeting, and must pay a license of $25 per month. Some of the councilmen believe the fee should be $100.

Eggs as Food.—German doctors have been investigating the length of time that eggs are retained in the stomach. If it be granted that the length of time that food is retained in the stomach is a measure of its digestibility, lightly-cooked eggs are the most digestible; next come raw eggs, then buttered eggs, and finally hard-boiled eggs and eggs in an omelette. The nitrogen of hard-boiled eggs is absorbed to about the same extent as that of meat, but the fat is much better absorbed than that of meat. Another investigator showed that lightly-boiled eggs and raw eggs have higher food value as part of a mixed diet than a corresponding amount of meat.

Cold Feet.—It might seem a reckless paradox to say that barefoot nations suffer less from cold feet than the owners of patent footwear, but experimenters, who have tried both plans, wear shoes often only as a protection from mechanical injury. They find that bare feet become callous to changes of temperature, and that, with rare exceptions, cold feet are the penalty of tight shoes.

A Visiting Staff for the Seattle Municipal Hospital.—On the first of April, a visiting staff was appointed for this hospital, consisting of medical and surgical division, with departments for the eye, ear, skin and nervous diseases. A rather extensive list of appointees was announced, which will be divided into several rotating services, serving for a period of three months, each medical and surgical service consisting of a chief-of-staff with two assistants.

Activities of the American Medical Association.—Dr. William Welch in his presidential address before the American Medical Association at St. Louis (Jour. A.M.A., June 18), began by noticing the deaths of prominent members of the profession, and the memorials proposed for the Yellow Fever Commission and the medical officers of the Civil War, and then passed on to the history of the Association and its activities. The services rendered during the first half century are briefly noted, and he passes on to the much more important achievements of the last decade. The defects in the old organization which were so fully remedied in 1901, are mentioned, and he says that, whatever may be needed in perfecting the details in the new organization, the experience of nearly a decade has demonstrated the soundness and wisdom of its fundamental features. Among the services rendered by the Association during the last decade, besides the unification and effective organization of the profession, the development of the Journal and the raising of the educational and scientific work of the sections, he dwells more particularly on the following: The good work done by the Council on Pharmacy and Chemistry in checking the exploitation of physicians and the public by the "patent-medicine" evil, and that of the Council on Medical Education. The urgent need of the reduction of the number of poorly supported medical schools and the strengthening of the better ones are especially noticed. The outlook of the future he thinks is very encouraging. The subject of animal experimentation is taken up and the need of efforts on the part of the medical public against the efforts of the anti-

vivisectionists is pointed out. What has been done in Great Britain is a warning to us in this country, and vigilance against the enactment of legislation hostile to animal experimentation in any part of this country is a duty which physicians owe to their science and is essential for the welfare of the community. The Association as the representative of the medical profession of the country should make its voice heard by the law makers. Its field of usefulness includes more, however, than the advocacy or disapproval of the laws already framed, it embraces also such matters as the collection of facts, the careful study of legal principles and existing conditions, the examination of medical and sanitary administrations here and abroad, and everything which may bear on the public questions of health and hygiene. The education of public opinion in support of laws for the common good, which are the only laws in which the Association has an interest, is earnestly advocated and since the establishment of the Bureau of Medical Legislation, by the Association, three years ago, much valuable constructive work has been accomplished. A model bill for the registration of vital statistics is urgently needed and its lack has been as much a reproach to us as our low standards of medical education. A gratifying awakening of public sentiment in favor of a department of public health has been aroused. The primary and essential demonstration of the need of such a department has been, Dr. Welch thinks, already made. In such a department the Public Health and Marine-Hospital Service, which is doing already part of the work needed, could be incorporated with advantage. The attacks made on the Association since the introduction of Senator Owen's bill by medical sectarians need, he thinks, not give serious concern, and it is not surprising that the better representatives of sectarian medicine have hastened to disavow them. The coming session of the International Congress of Hygiene in this country by invitation of the government should give a powerful impetus to the movement for better sanitary administration throughout our land. He also recommends to the medical public the giving of aid to the efforts of the George Washington Memorial Association for the provision of suitable quarters for national and international congresses in the city of Washington. In conclusion he says that the American Medical Association is one of the important organized forces for the well-being of the people of this country.

Certified Milk.—The primary meaning attached to the term "certified milk" is pure, clean milk, which qualities are certified to by the Pure Milk Commission. The commission desires to call the attention of the profession to the fact that while certified milk is of inestimable value in the feeding of infants and invalids during all seasons of the year, its use now during the hot season, when summer diarrheas play such a large part in increasing the mortality of infants assumes an overwhelming importance. It is further desired to call attention to the fact that when the commission was called into existence some six years ago there was absolutely no safe clinical milk to be had in St. Louis. At the present time the commission has eight dairies under its supervision, seven producing certified milk, and one inspected milk, namely: The Maple Hill Dairy, located at Roodhouse, Ill., Messrs. J. S. Hopkins & Son, proprietors; the Appleby Dairy, located at Roodhouse, Ill., Messrs. E. M. Prindle & Sons, proprietors; the Calla Lily Dairy, located at St. Jacobs, Ill., Mr. L. A. Spies, proprietor; the Spring Hill Dairy, located at Gray's Summit, Mo., Mr. John A. Miles, proprietor; the Shields Dairy, located at Eureka, Mo., Mr. Thos. Shields, proprietor; the Sweet Meadows Dairy, located at Crescent, Mo., Mr. P. P. Lewis, proprietor; the Abbott Dairy, located in St. Louis County, Mr. L. F. Abbott, proprietor, and the Pickel Dairy, located at Horine, Mo., Dr. J. W. Pickel, proprietor; this is an inspected dairy and supplies milk to the Pure Milk Laboratory. The product of the Maple Hill, Appleby and Calla Lily dairies is distributed by the Union Dairy Company. That of the Spring Hill and Sweet Meadow dairies is distributed by the St. Louis Dairy Company. That of the Shields Dairy is distributed by the Keyes Farm & Dairy Company, and the Pevely Dairy Company. Mr. Abbott distributes the product of his own dairy. There are now being sold about 475 gallons of certified milk daily in St. Louis. A telephone order to any of the above distributors will insure a prompt delivery. Any infraction or violation of any of the requirements which may come to the notice of a physician will, if submitted by him to the Certification Committee, receive prompt attention and be speedily corrected. The dairies are kept scrupulously clean, the process of milking is made as antiseptic as possible, the milk is promptly chilled, bottled immediately and then kept continuously at a sufficiently low temperature to inhibit the growth of bacteria. The quality and purity of the milk are con-

trolled by the regular monthly inspection of dairies by competent inspectors; examination of the herds by veterianarians, which examination includes the tuberculin test; the weekly analysis by the city chemist; the weekly bacteriologic examination by the city bacteriologist. Reports from these sources are submitted to the Committee on Certification which meets once a month. If the dairy has a favorable report, the Commitee issues to it labels good for a month. The labels certify to the fact that the dairy is operated, and the milk produced under the requirements of the St. Louis Pure Milk Commission. The term "certified milk" is copyrighted, and can only be used by permission of a medical milk commission. Any dairy willing to subscribe to these requirements by entering into a contract with the St. Louis Pure Milk Commission may be privileged to use the certificates. The commission would earnestly urge the necessity for the full support of the profession if the movement for a real betterment of our milk supply is to come effective. The question of cost should not be given undue prominence. Clean milk is expensive, and must be, but dirty milk is ultimately very much more expensive, no matter what its initial cost may be. Any further information that may be desired concerning certified milk will be cheerfully furnished by the secretary, Dr. Sam. T. Bassett, 5753 Page Avenue, St. Louis, Mo.

Bryonia is indicated in acute inflammation of the serous membranes where there are small, sharp acute cutting pains with rapidly increasing diffused tenderness or soreness.

Don't mistake the relatively greater development of the head in proportion to the shoulders for a commencing hydrocephalus. It is the natural condition in the early weeks of infancy.

A Case of Dextrocardia.—Geo. Richter and Chas. H. Weinsberg of St. Louis report a girl of 14½ years of age with this anomaly without associated transposition of the other viscera. A pleural effusion caused the apex of the heart to be displaced to a point slightly above the right nipple.—Medical Record, June 25, 1910.

Mechanical Vibration in the Treatment of Constipation and Pelvic Condition.—Mary L. H. Arnold Snow of New York advocates the use of mechanical vibration for the cure of constipation and of pelvic troubles. It has mechanical, chemical, physical, and reflex effects. It induces removal of extravasations, lymph exudations and transudations, and prevents the formation of adhesions, while it breaks up those that have formed. It should possess the necessary rapidity and length of stroke, and exerted pressure should be painless. These factors should be governed by the patient's resistance and the indications. Interruptions should be limited in number and avoid nerve exhaustion. Intervals of rest should be longer than those of percussion. The author goes on to describe the technique of vibration applied for constipation. It may be combined with rectal injections of water or oil. Contraindications are cancer and ulcer, and a tendency to hemorrhage. Vibration is useful for the liver, abdomen, and in case of colitis. It is contraindicated in pyosalpnyx and pelvic abscess, but is useful in the treatment of amenorrhea, dysmenrrhea, exudates, endometritis; metritis, oophoritis, rectal prolapse, etc.—Medical Record.

American Serums Abroad.—The Rockefeller Institute of New York, has been presented by the Pasteur Institute of France with a replica in bronze of the bust of Louis Pasteur in recognition of aid rendered in the recent epidemic of cerebrospinal meningitis in France. It is reported there that the mortality was reduced from 80 per cent or more to about 15 per cent by the use of the serum furnished by the Rockefeller Institute. Professor Calmette, on his return to Lille from the International Congress on Tuberculosis, took with him some of the serum, and later large supplies were sent to him, Professor Vetter and Professor Roux, so that the Rockefeller serum is the basis for most of the reports which have appeared in the French Journals. Flexner himself, in a report of 712 cases (all ages), gives a mortality of 31.4 per cent. Of course, the earlier the serum is injected the better in general the results. It is obtained from horses immunized by injections derived from many strains of the meningococcus. It takes four or five months before the serum of a horse is strong enough for use. The only conditions made so far by the Rockefeller Institute in distributing the product, are that full reports of cases treated should be returned and that the diagnosis of cerebrospinal meningitis should be confirmed by bacteriological examination. The serum was first employed here therapeutically about three years ago. Its use has since spread to Germany, France and Great Britain, as well as all over this country and Canada. "Supplies," says Doctor Flexner, "have even been sent to India and Jerusalem, but they have as yet made no reports."—The Post Graduate.

ABBOTT'S TWIN SALINES

Here are two *effervescent salts* that others have long patterned after. But they still remain the choice of the discerning doctor regardless of the substitutes repeatedly urged upon him.

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Both are appreciably better than the best the substitutor has ever been able to offer—in regularity of action and every other particular. The first (purified magnesium sulphate 60%) is unexcelled as an ejector of *alimentary debris*—the second (same with colchicine and lithium) as an expellant of *uric acid*.

If you have not received samples we shall be pleased to send one or both just to convince you.

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is a powerful, non-toxic antiseptic. It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils. It is unirritating, even when applied to the most delicate tissue. It does not coagulate serous albumen. It is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine Dermatic Soap is a bland, unirritating and remarkably efficient soap. The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjuvant in the general treatment prescribed for the relief of various cutaneous diseases.

"The Inhibitory Action of Listerine," a 128-page pamphlet descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmacal Co., Saint Louis, Missouri, but the best advertisement of Listerine is . . . . . .

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Iodum-Miller, applied locally, is carried deep into the tissues, and, if desired, a constitutional effect may be had from its local application. It has a specific action in all forms of glandular enlargements, acute or chronic.

Iodum-Miller is supplanting all other forms of iodine and the iodides for internal administration.

Iodum-Miller is applied to any mucous surface full strength or diluted 33⅓ per cent with pure glycerine.

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THE MONTH'S MAGAZINES

Sayings of the Late Clarence King.—Edgar Beecher Bronson has written for the July Century, under the title "A Man of East and West," an appreciation of Clarence King, one of the most brilliant men in American science and letters, "the gentlest, sweetest, bravest man and stanchest friend." Mr. Bronson quotes these quips as characteristic of him: "New York society reminds me of nothing so much as a simian circus." Another evening, returned from a dinner at the house of a plutocrat, surfeited with the vulgar prodigality of its superficial display and bored by its stupidity, King throw off his coat, and, with a gesture of disgust, remarked: "These people have bought the scenery of society, but the play isn't going on." And of civilization in general he once said: "Civilization! Why, it's a nervous disease!"

Baby's Deadliest Enemy.—The fly which you remove from your milk pitcher may or may not have had a life history connected with all or any of the diseases named at the beginning of this article; but depend upon it, he has been wallowing in filth before he took his milk bath. The falling of infected flies into milk on the farms or in the dairies has made possible many a local epidemic of typhoid fever. This same propensity of the fly for milk baths has made the child's "second summer" a thing to be dreaded by all mothers. How few parents realize that were it not for the fly the child's second summer would be no more to be feared than his second winter. The very high death rate of children from diarrheal diseases abruptly rises and falls with the prevalence of flies. This great mortality among young children from diarrhea and enteritis causes a greater decrease in the human span of life than does any other preventable disease. Governor Hughes has aptly said that "our most valuable natural resources is our children." When we consider that the fly is the chief disseminator of the disease to which children are most susceptible, and which heads the list of preventable causes of death, the necessity for a relentless warfare upon this domestic pest is apparent. It is conservative to estimate that the disease transmitted through the agency of the house-fly cut short the average span of human life in the United States by at least two years. (Insurance companies take notice.) During a generation this means a loss of 170,000,000 human lives, or 4,000,000 lives of the present average length, or a money loss of $20,000,000,000. —From "The Disease-Carrying House-Fly," by Daniel D. Jackson, in the American Review of Reviews for July.

The Automobile in the Country.—Legally, there is a speed limit of twenty miles an hour in the country districts; but actually there is no limit with the motor-car, once the driver gets away from the cross-roads so dear to the heart of the coutry constable, ever on the alert for his emolument. In the open country there are no restrictions upon speed except those that the automobilist places upon himself. The average driver has very little realization of the many risks involved in travelling over unknown roads at a speed that would be frowned upon in more settled districts, although perfectly safe where the road ahead is visible for a considerable distance. Nothing is quite so disconcerting to the driver of a horse vehicle on a narrow byway as to have an automobile loom up suddenly around a corner at a speed that makes disaster seem inevitable. If there be any habit of the motorist that tends to keep alive the prejudice and hate of the rural dweller against his kind it is this. The only corrective for the driver who looks upon might as right and considers his position supreme, regarding the superior power and speed of his vehicle as ample license to drive as the whim seizes him, is the inevitable accident that sooner or later overtakes him. The considerate driver, who would not intentionally infringe upon the rights of the humblest user of the road with his sorry "hay motor," needs only to have his attention called to the conditions of back-road travel to avoid even the appearance of recklessness. But the man who is neither reckless nor considerate of others has many things to learn about the dangers to be encountered when venturing off the main thoroughfares.—Charles R. Hayward, in Harper's Weekly.

A Genuine Surprise.—"We have the surprise beautifully planned," said young Mrs. Westerleigh to the guests, "and Frank doesn't suspect a thing. I think he has even forgotten that today's his birthday. He will get home from the office at about seven o'clock. Then he always goes upstairs to take off his coat and put on his smoking-jacket for the evening. When he is upstairs I will call out suddenly, 'Oh, Frank, come down quick! The gas is escaping.' Then he will rush down here, unsuspecting, to find the crowd of friends waiting for him."

It went off exactly as planned. Westerleigh came home at the regular hour and went directly upstairs. The guests held their breath while Mrs. Westerleigh called out excitedly, "Oh, Frank, come down quick. The gas is escaping in the parlor.

Every light had been turned out, and the parlor was in perfect darkness. There was a rapid rush of feet down the stairway, then a voice said, "I don't smell any gas."

"Better light the jet," Mrs. Westerleigh suggested tremulously. "Here's a match."

There was a splutter, and suddenly the room was flooded with light. Everybody screamed. The hostess fainted.

For there in the centre of the room stood Westerleigh, attired only in a natty union suit, with a fresh pair of trousers carried over his arm.

Birthday parties still form a forbidden subject of conversation at the Westerleighs'.—July Lippincott's.

MEDICAL MEMORANDA.

Respirazone (Tilden's), a combination in an agreeable form of the most dependable agents known for the relief of acute, subacute and chronic asthma as well as other spasmodic affections involving the respiratory organs. Its components represent a skillful and scientific blending in an acceptable vehicle the following very useful drug agencies: iodine and bromide of potassium, lobelia inflata, ipecacuanha and leonurus cardiaca.

To Support the Heart.—Cactina pillets will strengthen the heart's action; it does support the heart; and its prolonged use will unquestionably encourage the physiological action of the human pump. And this assistance to the heart and circulation is absolutely without danger or annoyance to the patient. One can not find a more helpful and kindly drug, and he who prejudges it, or from bias denies it, without due examination, deprives himself of a valuable aid."

Jaundice.—Chionia is especially advantageous in jaundice accompanying pregnancy. It should be prescribed several months before parturition, and will be found an effective means of relief from hepatic pain, nausea and obstinate constipation which are often present, and so commonly described as 'biliousness.'

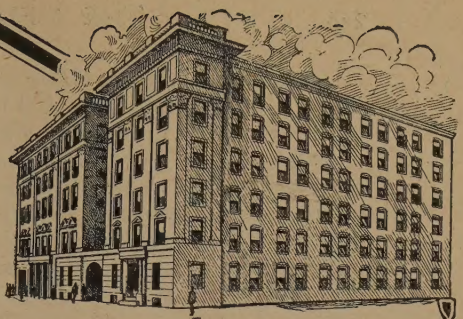
Evacuant or Deobstruent Treatment.—The frequency with which cathartics or laxatives are required, shows that there is indeed a broad field for the use of prunoids. Wherever evacuant or deobstruent treatment, or even the more far-reaching effects of thorough elimination are indicated, this eligible pharmaceutical product will give uniform satisfaction to both patient and practitioner.

Paroxysmal Dyspnea of Phthisis.—In paroxysmal dyspnea of phthisis, and to relieve the diarrhea and sweats, thiocol is eminently satisfactory. Two great points in its favor are: Perfect freedom from causing derangement of the stomach and the ease with which it can be carried about. I am thoroughly convinced that any physician who will give thiocol a fair trial will have the same satisfactory results that I have had in 47 cases of phthisis, In this disease the administration of thiocol—a 5 grn. tablet three times daily—surpasses all other methods of treatment that I have tried during the thirty years I have been in practice.—D. Wagner, M. D., 120 Main street, Springfield, Mass.

P. S. Thiocol is a product of the Hoffmann-La Roche Chemical Works, 65 Fulton street, New York.

Convulsions.—S. Newmayer, M. D., Philadelphia, Pa., states: Among the varied causes of convulsions none play a more important part than autointoxication. They are more frequent in children, due generally to a possible overfeeding, improper food or constipation. The intestinal canal contains a variety of toxins derived from the ingesta, bile and putrid material. There is continuous absorption from the intestines, including the taking up of toxins. In the acute infections, where convulsions is ofttimes a forerunner, autointoxication from the intestinal tract undoubtedly is of no minor importance. Infections are the result of microbes and we know these bacteria produce something injurious to the system—they elaborate poisonous ptomaines or toxic substances. Nature tries to rid the body of this poison through its various channals of elimination, one of which is the intestinal canal. It is here we can aid Nature with our antiseptics. The value of internal intestinal antiseptics I believe is greatly over-rated. Many of these drugs are soluble and absorbable and those that are not are so often given in such small doses that in the long journey from the mouth through the intestinal tract they have spent most of their value before they have proceeded far. Not to employ internal antiseptics would be unwise. But I would urge a more liberal use of antiseptic solutions by means of rectal tube. This enteroclysis has not only its antiseptic value, diminishing the toxicity of the intestinal tract, but ofttimes an antipyretic action. This mode of treatment has not been very popular with the physician because of the unclean work, but I am confident the results well repay one for the labor. In all cases of convulsions, immaterial of the cause, and in any other condition pointing to autointoxication, I flush the lower bowel with a solution of glyco-thymoline, one to two ounces to the quart of water. Glyco-thymoline is always kept in my emergency grip.

What Profession —Which College



If your plans for the future include a university training and a profession—now is the time to decide what profession—which college.

Barnes University offers every advantage to be found at other colleges and many exceptional features not offered by other institutions of its kind. For many years it has had an unrivaled record for its thorough training of students in Medicine, Dentistry and Pharmacy.

This year Barnes University offers a thoroughly equipped school plant, with complete laboratories, in buildings which have been especially constructed for college work—and a faculty composed of specialists.

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A new department of the University is that of Commercial Science and Salesmanship. Trained salesmen earn large incomes. Our course of training makes successful salesmen. If interested, write for special booklet, "How To Be Successful." Session of 1910-1911 will open September 14th.

John K. Goin, President,
A. R. Kieffer. M. D., Dean Medical Dept., **Barnes University, (Dep. 12) St. Louis, Mo.**

Advantages of a Motorcycle.—The motorcycle will appeal strongly to the physician with whom time is an important factor, for with one the busy doctor can cover more territory, make more calls and at an insignificant expense. The Emblem Motorcycle has gained a great deal of favor at the hands of the profession, and justly so, too, for it is strong, simply constructed and absolutely reliable. The manufacturers of the Emblem have devoted particular pains to their engine and as a result their machine stands at the top of the list. It is far swifter than a horse, will go anywhere a horse will go, and uses fuel only when working. It is never a case of standing in a stall and eating its head off. Write to the Emblem Mfg. Co., Angola, N. Y., for further particulars.

A Conservative House.—Some of the members of the medical profession would open their eyes could they look over the files of the Denver Chemical Mfg. Co., manufacturers of antiphlogistine, and see the many,many requests for window hangers, store advertising, etc., which they are constantly refusiug. This company could get an almost unlimited amount of advertising, good advertising too, at no expense, except for the printing of the cards or booklets, if they did not have too great a pride in the honorable position which they occupy as purveyors to the medical profession. Perhaps they feel the ethical requirements of their position more keenly on account of the personnel of the company. Half the members of the board of directors are physicians who have spent each of them many years in active practice, the president of the company being an ex-president of his state society, and the head of the advertising department is himself a physician, and for many years the secretary of his county society. With such a personnel, it is not suprising that the advertising is not only strictly ethical, but even ultraconservative in spirit.

Symptomatic or Complicating Anemia is that form or condition of blood poverty which results from various constitutional infections and diatheses. Prominent among such cases are syphilis, rheumatism, paludal poisoning, tuberculosis, carcinoma, etc. In many instances, such an anemie is due to some obscure, latent metabolic perversion, or a slow but persistent intestinal auto-intoxication of gastro-intestinal origin. While it is an axiomatic principle that successful therapy depends upon the removal of the causative factor, it is more than often wise and eminently judicious to adopt direct hematinic treatment while the underlying cause is beng sought for and combated. Pepto-Mangan (Gude) being bland, non-irritant and readily tolerable, can almost always be given, with distinct advantage to appetite, digestion, nutrition and general well-being, while causative therapy is under way. Neither constipation nor digestive disturbance results from its steady use, and a general hematic gain is practically a certainty, if its use is persisted in.

Artificial Limbs.—The essence of success in walking with an artificial leg is confidence. To learn to manipulate the limb is a very simple matter, but unless the wearer knows that he can rely upon it as thoroughly as he would upon his natural leg he will never be able to walk well or to move about with a sense of perfect freedom. There are thousands of persons walking about today on Marks artificial legs whose intimate friends are not aware that they have lost any of their natural members. They do not limp nor hobble and find not the slightest difficulty in moving about as freely as their most active neighbors—all because they have confidence; they know that every bit of material that enters into a Marks leg is carefully tested and proved before it is used, and that therefore it cannot possibly give way under ordinary use or at some critical momnet when they most need its support. The need of practical experience and expert judgment does not end with the selection of materials. Equal skill is needed to assemble them properly. An artificial leg to be a source of comfort and usefulness to its wearer, must fit perfectly, and no two persons can be fitted by exactly similar legs. The highest skill of the artisan is required to meet and make allowances for all the little peculiarities of each individual wearer. It is ridiculous to assume that it is possible to fit all comers with artificial legs simply by carrying a few sizes in stock, although this is the plan on which many of the cheap establishments are conducted. The worst mistake that the prospective purchaser of an artificial limb can make is to patronize one of the cheap establishments which are continually being started by disgruntled apprentices or discharged workmen. It seems incredible that a man who will not permit his horse to be shod by a incapable blacksmith or his beard to be trimmed by a man of no experience as a barber, will never the less trust the delicate and vital task of supplying an artificial limb for himself or a member of his family to a crude bungler or a cheap mechanic. Yet such cases come to notice frequently. Too late, when permanent injury has been done to some delicate blood vessel or tender nerve center, or when a bad fall and broken bones have taught the lesson that better counsel might have imparted in the beginnning, he turns to the firm that has a long established reputation for efficiency, reliability and honest dealing. How much better—yes, how much cheaper—it would be to entrust oneself in the beginning to a firm the members of which have gained a thorough knowledge of the subject through a business experience of years, which spares no expense to secure the most perfect materials for its artificial limbs, which employs the most carefully trained and thorough workmen, which owns the most important and successful patents for artificial limb appliances and the name of which is a guarantee of good faith, good workmanship and satisfaction to its customers! Surgeons who read these lines will serve the best interests of their patients by recommending the time-tried, reliable Marks' artificial limbs.

MEDICAL SOCIETY CALENDAR.

Colorado State Medical Society, Colorado Springs, October 11.
Idaho State Medical Association, Boise, October 6-7.
Indiana State Medical Association, Fort Wayne, September 29-30.
Kentucky State Medical Association, Lexington, October.
Medical Association of the Southwest, Witchita, Kas., October 11-12.
Medical Society of the Missouri Valley, Council Bluffs, Ia., Sept. 1 and 2.
Michigan State Medical Society, Bay City, September 28-29.
Minnesota State Medical Association, Minneapolis, October 6-7.
Mississippi Valley Medical Association, Detroit, Mich., September 13-15.
Nevada State Medical Association, Lake Tahoe, Cal., September.
South Dakota State Medical Association, Hot Springs, October.
Utah State Medical Association, Salt Lake City, September.
Wyoming State Medical Society, Casper, September 27.